## **FORM D**

SEC Mail Mail Processing Section

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

JUN 13 2008

Washington, DC

106

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB AF	PROVAL
OMB Number:	3235-0076
Expires:	June 30, 2008
Estimated avera	age burden
hours per respo	nse 16.00

SEC USE ONLY					
Prefix	Serial				
DATE REC	CEIVED				
1	1				

Name of Offering ( check if this is an amendment and name has changed, and indi	cate change.)						
Common and Preferred Equity Securities							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULC						
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION I	DATA						
1. Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indicate	te change.) 08052493						
NuCO <sub>2</sub> Parent Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
c/o Aurora Capital Group, 10877 Wilshire Boulevard, Los Angeles, California 90024	(310) 551-0101						
Attention: Timothy J. Hart							
Address of Principal Business Operations (Number and Street, City, State, Zip Code)							
(if different from Executive Offices) Same	Same						
Brief Description of Business	a cessed						
Comparation arganized to against and hald NuCOs Inc. a Florida corneration	D process						
Corporation organized to acquire and hold NuCO <sub>2</sub> Inc., a Florida corporation.	2008						
Type of Business Organization	PROCESSED  PROCESSED  Other (please specify):  HOMSON REUTERS  Actual  Estimated						
☐ limited partnership, already formed	other (please specify):						
business trust limited partnership, to be formed	WONSON REGIET						
Month Year	IHOMA						
Actual or Estimated Date of Incorporation or Organization: 1 0 0 7							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign ju	risdiction) DE						

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director General and/or Beneficial Owner Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Aurora Equity Partners III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Aurora Capital Group, 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024 ☐ Director General and/or Beneficial Owner Executive Officer ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) The Northwestern Mutual Life Insurance Company Business or Residence Address (Number and Street, City, State, Zip Code) 720 East Wisconsin Avenue, Milwaukee, WI 53202 ☐ Director General and/or Executive Officer ☐ Beneficial Owner ☐ Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Hart, Timothy J. Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024 Executive Officer □ Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Mapes, John T. Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024 General and/or Executive Officer Director Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Elsea, Frederick J. Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024 □ Director General and/or Beneficial Owner Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Rosenbaum, Mark D. Business or Residence Address (Number and Street, City, State, Zip Code) 10877 Wilshire Boulevard, Suite 2100, Los Angeles, CA 90024 □ Director General and/or Executive Officer ☐ Promoter ☐ Beneficial Owner Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) DeDomenico, Michael E. (Number and Street, City, State, Zip Code) Business or Residence Address 2800 SE Market Place, Stuart, FL 34997 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

		TIFICATION DATA	· · · · · · · · · · · · · · · · · · ·	
2. Enter the information requested for the fo		vishin she neet five years.		
<ul> <li>Each promoter of the issuer, if the is</li> <li>Each beneficial owner having the po</li> </ul>	ssuer has been organized w	direct the vote or dispositi	ion of 10% or m	ore of a class of equity
• Each beneficial owner having the posecurities of the issuer;	iwei to vote of dispose, of	uncer the vote of disposits	01, 10 % 01 11	1010 01 a binas of eq
Each executive officer and director of the second sec	of corporate issuers and of	corporate general and man	naging partners o	f partnership issuers; and
• Each general and managing partner				
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Frey, Dale F.				
Business or Residence Address (Number a 10877 Wilshire Boulevard, Suite 2100, Los A	nd Street, City, State, Zip Angeles, CA 90024	Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Alpern, David A.			. ,	
Business or Residence Address (Number a 10877 Wilshire Boulevard, Suite 2100, Los A	nd Street, City, State, Zip Angeles, CA 90024	Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual) Wickham, Michael				
Business or Residence Address (Number a 10877 Wilshire Boulevard, Suite 2100, Los A	nd Street, City, State, Zip Angeles, CA 90024	Code)		
Check Box(es) that Apply:  Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)  Bossidy, Lawrence A.				•
Business or Residence Address (Number a 10877 Wilshire Boulevard, Suite 2100, Los A	and Street, City, State, Zip Angeles, CA 90024	Code)		
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or  Managing Partner
Full Name (Last name first, if individual)			<del></del>	
Business or Residence Address (Number a	and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, Zip	Code)		
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				B. II	NFORMAT	TION ABO	UT OFFE	RING			•	
						<u> </u>					Yes	No
1. Has the	issuer sold	l, or does th	ne issuer int								$\boxtimes$	
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?								\$1,000				
3. Does the offering permit joint ownership of a single unit?							Yes	No				
3. Does th	ne offering p	permit joint	ownership	of a single	unit?		************				$oxed{\boxtimes}_{\cdot}$	
4. Enter the	he informat	ion reques	ted for eacl	h person w	ho has bee	n or will b	e paid or g	given, direc	tly or indi	ectly, any		
commis	ssion or si	milar remu	meration fo	r solicitati	on of pure	hasers in	connection	with sales	of securit	ies in the		
offering	g. If a perso	on to be list	ed is an ass	sociated per	son or age	nt of a brok	er or deale	r registered	with the S	EC and/or		
with a	state or stat	ies, list the	name of the	e broker o	r dealer. III	more than	i five (5) po hat broker (	ersons to be or dealer on	insted are	associated		
	(Last name			nay set fort	n the mon	nation for t	nat Oroker	or dealer of		<del></del>		
ruii Naiile	(Last Hailit	; 111 St, 11 th	uividuai)							•		
Business o	r Residence	Address (1	Number and	l Street, Ci	ty, State, Z	ip Code)						<u>.</u>
Name of A	ssociated B	roker or D	ealer									
States in W	Jhich Perso	n Listed Ho	as Solicited	or Intends	to Solicit P	urchasers						
			ndividual St									. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if in	dividual)								-	
Business o	r Residence	Address (	Number and	l Street, Ci	ty, State, Z	ip Code)						
Name of A	ssociated E	roker or D	ealer		<u> </u>							
States in W	Vhich Perso	n Listed Ha	as Solicited	or Intends	to Solicit P	urchasers						
(Check "	All States"	or check in	ndividual St	ates)				<b></b>				. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	(NV)	[NH]	[NJ]	[NM]	[NY]	[NC] [VA]	[ND] [WA]	(OH) {WV}	[OK] [WI]	[OR] [WY]	[PA] [PR]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]		[ ( 1 )		[1 K]
Full Name	(Last name	e first, if in	dividual)									
Business o	r Residence	Address (	Number and	l Street, Ci	ty, State, Z	ip Code)					·	
					,	. ,						
Name of A	Associated E	Broker or D	ealer									
States in V	Vhich Perso	n Listed H	as Solicited	or Intends	to Solicit P	urchasers				<del> </del>		
			ndividual St									. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W'I]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	· · ··		
	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "n one" or "zero." If the transaction is an exchange offering, check this box \( \square\$\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	· .	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0.00	<u>\$0.00</u>
	Equity	\$199,539,554.00	<u>\$199,539,554.00</u>
	Convertible Securities (including warrants)	\$0.00	\$0.00
	Partnership Interests	\$0.00	<u>\$0.00</u>
	Other (Specify)	\$0.00	<u>\$0.00</u>
	Total	<u>\$199,539,554.00</u>	<u>\$199,539,554.00</u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	purchases on the total lines. Effect of it above is about its about its	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	34	\$199,410,554.00
	Non-accredited Investors	. <u>4</u>	<u>\$129,000</u>
	Total (for filings under Rule 504 only)	·	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Two of	Dollar Amount
	Type of offering	Type of Security	Sold
	Rule 505	·	
	Regulation A	·	
	Rule 504	·	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$0.00 <u></u>
	Printing and Engraving Costs	_	\$0.00
	Legal Fees		\$100,000.00
	Accounting Fees		\$0.00
	Engineering Fees	_	\$0.00
	Sales Commissions (specify finders' fees separately)		\$0.00
	Other Expenses (identify)		<b>\$0.00</b>
		K	7 0400 000 00

	C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	VD.	USE OF	PROCEEDS	į į į į	
	b. Enter the difference between the aggregate offering price given in response to Part C - Ques and total expenses furnished in response to Part C - Question 4.a. This difference is the "adgross proceeds to the issuer."	uste	1 d		\$	198,539,554
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds issuer set forth in response to Part C - Question 4.b above.	e bo	x			
	issuer set form in response to Part C - Question 4.0 above.		Ó	ments to fficers, ectors, &		Payments to
				ffiliates		Others
	Salaries and fees		\$0,00		] §	00,00
	Purchase of real estate		\$0.00	,	] 9	<u>00.00</u>
	Purchase, rental or leasing and installation of machinery and equipment		\$0.00		] §	0.00
	Construction or leasing of plant buildings and facilities		\$0.00		) <u>ş</u>	<u> </u>
	Acquisition of other business (including the value of securities involved in this					
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$0.00	Σ	7 C	183,539,554.00
	•			_	_	
	Repayment of indebtedness		\$0.00		3	0.00
	Working capital		\$0.00		3 _	315,000,000.00
	Other (specify):					
			\$0.00	<u> </u>	] _§	<u> </u>
	Column Totals		<u>\$0.00</u>	. 🗵	3 §	3198,539,554.00
	Total Payments Listed (column totals added)		Ø	<u>\$198,539,</u>	<u>554.</u>	00_
	D. FEDERAL SIGNATURE					<del></del>
fol	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. lowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Existaff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph	chan	ge Comn	nission, upon wri	Rule	: 505, the request of
Iss	uer (Print or Type) Signasure			Date		<del></del>
	CO <sub>2</sub> Parent Inc.			June 12, 2008		·····
	me of Signer (Print or Type)  Title of Signer (Print of Type)					
Fr	ederick J. Elsea, III Chief Financial Officer					<del></del>

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

